ENDER COMPLETE THIS SECTION	COMPLETE THIS RECTION ON DEL	UEBY
Complete items 1, 2, and 3. Also complete	A. Received by (Please Print Clearly)	B. Date of Deliv
item 4 if Restricted Delivery is desired.		10-29-01
Print your name and address on the reverse so that we can return the card to you.	C. Signature	d
Attach this card to the back of the mailpiece,	X MKCable	☑ Agent ☐ Addres
or on the front if space permits.	D. Is delivery address different from the	m 1? Tyes
Article Addressed to: 10-7-02	If YES, enter delivery address belo	w; □No
† 01 -348		
Barry D. Wood		
Wood, Maines & Brown		
1827 Jefferson Place, N.W.	3. Service Type	
Washington, DC 20036	☐ Certified Mail: 12 12 12 12 12 12 12 12 12 12 12 12 12	
	☐ Reciptors	selpt for Merchan
	4. Restricts	☐ Yes
2. Article Number (Copy from service label)		
S Form 3811, July 1999 Domestic R		4-4005-00-1
DAGRED NA ///2 07		
DOCKET NO. 01-34	ORDER DA 10-9-0	TED 52
	10-9-1	152 122
	ORDER DA // - 9-/ FCC // - 1	15ED 122 284
	10-9-1	17ED 52 284 34 No:
CERT	10-9-2 FCC 02-2 MME88RAF	152 284 211 NO:
CER	10-9-1	150 152 1284 11 118:
CERT	TIFIED FCC 02-2 MINESSRAF	52 284 H N8:
CERT FCCURN BECEI	FCC 02-1 MMEXSERSE AIL IPT REQUEST	52 284 H No:
CERT MARKETURN SECEN	FCC 02-7 MMEXSERSE AIL IPT REQUEST	52 284 H NB:
CERT MARKETURN SECEN	FCC 02-7 MMEXSERSE AIL IPT REQUEST	52 284 H No:
CERT MARKETURN SECEN	FCC 02-7 MMEXSERSE AIL IPT REQUEST	52 284 H No:
CERT MARKETURN SECEN	FCC 02-7 MMESSERAF AIL IPT REQUEST C. R. R. NO. 25 J. W. 25 J. W. 26 J. W. 26 J. W. 27 J. W. 28 J. W. 29 J. W. 20 J	52 284 H NB:
CERT MARKETURN SECEN	FCC 02-7 MMEXSERSE AIL IPT REQUEST	52 284 H No:
CERT MARKETURN SECEN	FCC 02-7 MMESSERAF AIL IPT REQUEST C. R. R. NO. 25 J. W. 25 J. W. 26 J. W. 26 J. W. 27 J. W. 28 J. W. 29 J. W. 20 J	52 284 H NB:

3548		Service D MAIL RECEIPT Inly; No Insurance Coverage Provided)
0771	Postage Certified Fee	s 2.90 2.30
0.023	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	PSSWilark PSSWil
0090	Total Postage & Fees	\$ 90 01 6203
ם סססר	Name (Please Print Clearly) to be completed by mailer) Street, Apt. No.; or PO-Box No. SZ City, State, ZIP-4 WASHWIGHOW, DC 20036 Particulation, 1989 See Reverse for Instructions	